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5 BEFORE THE INSURANCE COMMISSIONER  
6 OF THE STATE OF WASHINGTON

7  
8 In the Matter of the Application regarding the  
9 Conversion and Acquisition of Control of  
Premera Blue Cross and its Affiliates

OIC Docket No. G02-45

The Washington State Medical  
Association's Reply to Premera's  
Opposition to Motions to Intervene

10 and

11 The Washington State Medical  
12 Association's Reply to the OIC Staff's  
13 Response to Requests for Intervention

14  
15 **I. INTRODUCTION**

16 Premera's position comes as no surprise. It vehemently opposes the right of *all* groups to  
17 participate in the review of its attempt to become an investor-owned, for-profit corporation.

18 If Premera's approach were adopted, no one would ever be found to have the legally  
19 required "significant interest" in a health insurer's proposed conversion.

20 The Holding Company Acts open the door for outside parties to participate, with full  
21 powers of discovery.

22 Premera wants to slam that door shut. The Insurance Commissioner should not allow this  
23 company to exclude the public and undermine the process.

## II. PREMERA FAILS TO ADDRESS KEY WSMA ARGUMENTS

Premera's response sprawls across 51 pages and 62 footnotes. The table of contents alone consumes three pages.

For all its girth, Premera's response is as important for what it does not say as for what it does say.

The company is almost completely silent about many of the core reasons on which the Washington State Medical Association (WSMA) bases its request to be granted Intervener status:

1. WSMA members comprise about three-fourths of all physicians who contract with Premera
2. WSMA members have treated a vast number of Premera subscribers
3. Premera is one of the most important payers for the services of WSMA members, and is the dominant payer in Eastern Washington
4. The total value of the claims submitted to Premera by WSMA physicians runs into billions of dollars

See WSMA Supplemental Filing, p. 3.

WSMA members thus have a "significant interest" in the proposed conversion in part because so many of their patients are Premera subscribers, and so much of the revenue physicians depend on to keep their practices economically viable comes from Premera. Id. at 3.

The silence from Premera becomes deafening on the subject of how a conversion might affect policyholders.

The company has nothing to say about most of the concerns the WSMA raises, including

1. Elimination of coverage for the sickest patients

1           2. Elimination of coverage for patients in rural areas

2           3. Reduction of coverage for primary care

3           4. Reduction of comprehensive coverage

4 (For a list of eighteen different areas of concern, see WSMA Motion to Intervene , pp. 10 – 12).

5           The WSMA has a “significant interest” in the answers to these questions. Many of its  
6 members practice in rural areas. Many of its members are primary care physicians<sup>1</sup>. Members  
7 who are specialists are affected as well: the availability and caliber of primary care is crucial to  
8 the successful detection and treatment by specialists of many diseases and disorders.

9           Nor does Premera contest the WSMA’s contention that a carrier affects the delivery of  
10 care when it:

11           1. Limits the time physicians can spend with patients

12           2. Diverts physician time from treating patients to seeking approval for tests, referrals,  
13 and procedures

14           3. Creates administrative barriers to delay payment of claims

15           4. Denies valid claims

16           5. Retains discretion over what constitutes “medical necessity”

17 WSMA Supplemental Motion , p.6; WSMA Motion to Intervene, pp. 3 - 4.

18           What Premera disputes is the relevance of such practices to the conversion: they “have no  
19 logical connection with the issues raised by Premera’s Form A filing and are outside the scope of  
20 statutory criteria to be considered [.]” Premera Opposition Motion , p. 17, fn. 11.

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23 <sup>1</sup> According to WSMA membership records, over half the physicians in rural counties (as defined by the State Department of Health) are WSMA members; over 2,600 WSMA members are primary care physicians.

1 Yet Premera concedes that

2 The Commissioner is required to consider whether reorganization “will  
3 substantially increase or will prevent significant deterioration in the availability  
4 of health care coverage.”

4 And further concedes that

5 The OIC must review whether the reorganization is “likely to be  
6 hazardous or prejudicial to the insurance buying public.”

7 Id. at 16 – 17 (citations omitted); also at p.28.

8 These concessions effectively put Premera in agreement with a central tenet of the  
9 WSMA’s rationale for intervention: a proper review under the Health Carrier Holding Company  
10 Act must include a review of the impact on health care. WSMA Supplemental Motion, pp. 3 – 4.

11 Medical treatment issues are impossible to separate from coverage issues. Insurance  
12 industry interference in the doctor - patient relationship - - such as refusing to authorize a test or  
13 deciding over a doctor’s objection that a procedure is not medically necessary - - prevents  
14 patients from enjoying the full and timely use of their insurance benefits.

15 Thus, the WSMA “significant interest” in the conversion process is based on many  
16 factors, including Premera’s crucial role in influencing how physicians deliver care, who  
17 receives care, and what compensation physicians would receive for the care they provide.

18 Such factors belie Premera’s implausible notion that WSMA does not have a “significant  
19 interest” because its “potential injuries are no different from potential injury to any member of  
20 the general public.” Premera Opposition Motion , p. 15 (quotation marks omitted).<sup>2</sup>

21  
22 <sup>2</sup> With typical immodesty, Premera confidently and repeatedly asserts that the WSMA lacks a “significant interest”  
23 without ever admitting that neither the law nor the courts provide a precise definition of the term. Premera’s reliance  
on unrelated statutes, case law, and conversion proceedings in other states is addressed in the Joint Reply to OIC  
Staff and Premera Opposition to Motions to Intervene.

1     **III.  PREMERA’S CONVERSION WOULD AGGRAVATE EXISTING HEALTH CARE**  
2                                 **PROBLEMS AND CREATE NEW ONES**

3             Premera wants us to believe that, since it is not responsible for all of the problems  
4 plaguing the health care system, we should not look into any of the problems caused by its  
5 existing or future business practices.

6             This “all or nothing” approach is not recognized by law or common sense.

7             The WSMA readily accepts that some of the turmoil in the health care system has  
8 nothing to do with Premera, whether it remains non-profit or not.

9             As Premera’s response points out, the WSMA has done studies of unrelated challenges  
10 such as the liability insurance crisis and government reimbursement policies. Premera  
11 Opposition Motion, p.17, fn. 11, p. 42.<sup>3</sup>

12            The company thereby inadvertently reinforces the WSMA’s point that it possesses a wide  
13 array of knowledge about the state’s health care market.

14            The conversion obviously did not create problems that are already present. The WSMA’s  
15 concern is that the conversion would greatly *exacerbate* many of those problems - - and *create*  
16 new ones.

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<sup>3</sup> Premera overlooks the many studies the WSMA has conducted that involve insurance industry practices. Among  
20 recent studies are two the WSMA did using practice data collected in 2000 and 2001 through its Medical Practice  
21 Data Project (MPDP). The University of Washington’s Health Data Analysis Program recent study on the practice  
22 environment was based largely on MPDP data.

23            In addition, the WSMA regularly conducts physician attitudinal research which shows widespread frustration with  
the insurance industry. Premera of course is well aware of such frustration, at the very least from the Washington  
Healthcare Forum, in which it participates along with the WSMA to try to resolve certain problems, and from ICAR,  
the Insurance Claim Assistance Request service that WSMA offers its members, which regularly puts the  
organization in touch with payers regarding claims disputes.

1 For example, it is true, as Premera mentions, that even without converting it can drop out  
2 of programs that serve the poor and near-poor, such as Healthy Options and the Basic Health  
3 Plan. Id. at 17, fn. 12.

4 What Premera fails to acknowledge is that converting to a for-profit company would  
5 transform its mission. Its obligation would shift from the current one - - providing pre-paid  
6 health care benefit programs to a broad range of subscribers - - to one of meeting the financial  
7 expectations of its investor owners.

8 The imperative to maximize profit increases the likelihood that Premera would dump its  
9 poorest subscribers. Such a decision could have a domino effect and cause that entire segment of  
10 the market to collapse, as happened when Premera withdrew from the individual market. See  
11 WSMA Supplemental Motion, pp. 8 – 9.

#### 12 **IV. THE TRUE ROLE OF PHYSICIAN REIMBURSEMENT**

13 Premera opines that the WSMA’s true motive in wishing to participate in the review  
14 process must be the protection of physician reimbursement rates. Premera Opposition Motion,  
15 pp. 31 – 33.

16 For “proof”, Premera completely disregards both WSMA filings and their consistent  
17 emphasis on public health and patient care.

18 Instead, Premera lifts a total of four sentences from four different persons delivering  
19 lengthy remarks on the company’s proposals. Id. at 31, fn. 37.

20 Even with Premera’s selective pruning of the record, there is nothing remarkable about  
21 what was said. Of course the WSMA is concerned about physician reimbursement rates. They  
22 are nearly always the main source of income to physicians who treat patients.  
23

1 But reimbursement rates are much more than that: “They are not merely a matter of  
2 parochial interest. Instead, inadequate reimbursement is directly connected to a growing threat in  
3 our state: the economic viability of medical practices and physician flight.” WSMA  
4 Supplemental Motion, p. 7.

5 Fewer physicians inevitably mean that fewer people will receive care, and that when  
6 people do receive care, it will be at higher prices. Id. at 7 – 8.

7 Premera tries to deflect attention away from this reality by raising the specter of premium  
8 hikes: “The level of Premera’s payments to providers is directly tied to rates paid by Premera’s  
9 policyholders. The higher the level of the reimbursement rates to providers, the higher the  
10 premiums for Premera’s subscribers.” Premera Opposition Motion, p. 32.

11 This assertion is not backed up with any evidence. In fact, Premera has raised its  
12 premiums far faster than it has raised reimbursement to physicians.

13 During the period 1999-2002, for example, Premera individual policyholders experienced  
14 rate increases totaling more than 90 percent. Small group policyholders saw premiums increase  
15 more than 50 percent during the same period. OIC Public Rate Filings for Premera and Blue  
16 Cross of Washington. Few practice groups, if any, received increases anywhere close to this  
17 magnitude during these years.<sup>4</sup>

18 Premera’s intent here is not really to express concern about the effect of premium  
19 increases on its subscribers.

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22 <sup>4</sup> The physician reimbursement data are not required to be filed with the Office of the Insurance Commissioner  
23 (OIC). The WSMA does not collect such data because of anti-trust concerns. Additionally, the practice mix of each  
group makes a meaningful comparison difficult. Rate data on individual and small groups are readily available. Rate  
information on large employer groups is not because of ERISA.

1 Its professed concern is in stark contrast to its actual conduct. Looking at the individual  
2 market alone, Premera raised its rates 16.5% in 1999, 23.8% in 2000, 21.8% in 2001, and  
3 29.76% in 2002.

4 What Premera really wants to convey is clear: that the WSMA is somehow sordid and  
5 greedy to care about physician reimbursement rates.

6 “Notwithstanding all their protestations about the woes facing health care” Premera  
7 intones, “the provider associations are fundamentally seeking to safeguard their members’  
8 reimbursement levels”; later it adds, “Justice is poorly served by granting privileges only to a  
9 few self-appointed groups who wish to pursue self-serving agendas.” Id. at 33, 46.

10 Before Premera gives another sermon about the evils of greed, perhaps it should consider  
11 this proposal: the WSMA invites each member of Premera’s senior executive team to renounce,  
12 in writing and under oath, any personal financial benefit if Premera is allowed to convert to a for-  
13 profit and any personal financial benefit if Premera is later sold to another company.

#### 14 **IV. PREMERA’S ANTI-TRUST CONSPIRACY**

15 In a related accusation, Premera hatches a conspiracy theory: “Disclosure of Premera’s  
16 confidential reimbursement data to the providers could result in collusion and the danger of  
17 artificially high reimbursement rates, leading to higher premiums”, all of which “raises serious  
18 antitrust concerns.” Id. at 34.

19 With this accusation, Premera tries to keep from the WSMA a wide array of information  
20 by focusing on the one narrow area where antitrust concerns might theoretically apply: provider  
21 reimbursement data.

22 The antitrust concerns are more theoretical than actual, however.  
23



1 The federal government expressly approves of provider participation in exchanges of  
2 price and cost information under certain circumstances consistent with the situation at hand. See  
3 1996 Department of Justice and Federal Trade Commission Statements of Antitrust Enforcement  
4 Policy in Health Care, Number 6.

5 The Department of Justice also recently authorized the dissemination of reimbursement  
6 rate information by insurance companies to WSMA members. See September 23, 2002 Business  
7 Review Letter to the WSMA, posted on the DOJ web site.

8 DOJ approved conducting a survey of WSMA members regarding reimbursement rates  
9 on a carrier-specific basis - - precisely the kind of information at issue here. Survey results would  
10 be made available to WSMA members and the general public.

11 Information comparing several carriers' reimbursement rates could potentially lead to  
12 anti-competitive conduct, but here the information is coming from only one carrier. In any event,  
13 the WSMA has safeguards in place that are acceptable to the DOJ and designed to prevent  
14 harm.<sup>5</sup>

15 Moreover, the DOJ cites, with apparent approval, a number of competitive benefits likely  
16 to arise from publishing such information, all of which apply here. Id. at pp. 4-5.

17 The WSMA suspects that these pro-competitive benefits are precisely why Premera is  
18 fighting so hard to keep the information confidential.

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21  
22 <sup>5</sup> Premera's style of advocacy is illustrated by its passing mention of a lawsuit in which a handful of WSMA  
23 members is being sued for price fixing. Premera Opposition Motion, p. 35, fn. 46. Allegations in a lawsuit are not  
the same as established facts. Nor is the possibility that some information could be used to violate the law a  
principled reply to otherwise relevant and lawful requests for information.

1       **V. THE WSMA IS NEEDED EVEN WITH THE DILIGENT EFFORTS OF THEOIC**  
2                                   **AND ITS CONSULTANTS**

3               In an impressive display of flexibility, Premera switches from a narrow interpretation of  
4 the Insurance Commissioner's authority in its Motion for Partial Reconsideration to a broad  
5 interpretation of his powers in its Opposition Motion.<sup>6</sup>

6               The WSMA sides with the broad interpretation of the Commissioner's powers, and  
7 concurs with Premera that "the Commissioner is charged with protection of the public interest."  
8 Premera Opposition Motion, p. 25 (citation omitted).

9               The obligation to protect the public interest argues *for*, not *against*, inclusion of the  
10 WSMA in the review process.

11              Premera implies that the act of seeking intervention is tantamount to a "no-confidence"  
12 vote in the OIC and Attorney General's Office. Id. at 16, 24 – 26.

13              This implication is simply not true. Once again, Premera is trying to render the statutes  
14 meaningless: the right to intervene comes with the assumption that the regulators are vigorously  
15 fulfilling their duties. The section of the Health Carrier Holding Company Act that permits  
16 intervention also requires the Commissioner to review voluminous financial material from the  
17 company seeking to convert. RCW 48.31C.030.

18              The desire to intervene does not mean that the WSMA believes that the OIC and its  
19 outside consultants are performing inadequately but rather that, as the largest physician group in  
20 the state, the WSMA offers unique insight into the health care delivery system and its relation to

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22 <sup>6</sup> Compare "The Commissioner thus may not arbitrarily decide that the Statement will not be considered 'complete'  
23 until 'the adjudicative hearing has concluded and the administrative record is closed'", Premera's Motion for Partial Reconsideration, p. 8, to "The Holding Company Acts confer broad authority on the Commissioner to review and require relevant information [and] to investigate the proposed investigation [.]" Premera Opposition Motion. P. 24

1 public health and patient care. See WSMA Motion to Intervene, p. 6; WSMA Supplemental  
2 Motion, pp. 4-5.

3 The fact that one of the OIC's outside consultants has "extensive experience in the health  
4 care industry from a multitude of perspectives", Premera's Opposition Motion , p. 6, does not  
5 preclude full participation by the WSMA.

6 The WSMA has already set forth in great detail the ways in which it would enhance the  
7 review process, including identifying:

- 8 1. A specific example of how it would approach questions regarding claims and  
9 underwriting practices
- 10 2. The general skills it brings to the discovery and evaluation of health insurance  
11 industry practices
- 12 3. The intimate knowledge of past carrier actions in the state and their consequences.

13 WSMA Supplemental Motion, pp. 5 – 9.

14  
15 **VII. THE WSMA'S PARTICIPATION AS A PARTY WILL NOT IMPEDE BUT**  
16 **IMPROVE THE REVIEW PROCESS**

17 Premera's remaining argument is that allowing intervention would throw the process into  
18 chaos: "there is no way that seven collective intervenor groups . . . can be included without  
19 destroying order and greatly prolonging the hearing." Premera Opposition Motion, p. 4.

20 Premera's commitment to promptness and order would be more persuasive if it hadn't  
21 already delayed the review and repeatedly failed to comply with OIC requests for information.

22 In the short time since Premera made its initial Form A filing in September, the OIC has  
23 had to send the company two deficiency letters for failure to turn over required information. First

1 Status Report of OIC Staff, p. 1, 2. The record is replete with attempts by the agency and its  
2 consultants to see company data and meet with senior executives, only to be rebuffed by  
3 Premera's claims of confidentiality or unavailability. Id. at p. 2, 4.

4 Concern over duplication or useless delay is understandable with multiple parties  
5 participating. As with any complex case, reasonable limits upon all parties can and should be  
6 established.

7 The WSMA welcomes the OIC Staff's suggestion that a conference be convened to set  
8 the parameters of discovery. OIC Staff Response, p.14.

9 There is hardly a risk that the WSMA would engage in excessive discovery in any  
10 scenario. The organization has very modest resources, in contrast to Premera, which will spend  
11 millions of dollars in an effort to prevail.<sup>7</sup>

12 The other major suggestion the OIC Staff makes to streamline the proceedings is the  
13 formation of two intervenor parties, one for consumers, and another for providers. Id. at 12 – 14.

14 While the WSMA is extremely grateful to the Staff for its recommendation that the  
15 Association be granted Intervener status, a single party for providers may not be possible  
16 because of the Rules of Professional Conduct governing the legal profession.

17 Those rules prohibit an attorney from representing parties whose interests may be in  
18 conflict. RPC 1.7. There is an actual conflict here, not just a potential one: it is the WSMA's  
19 understanding that the Washington State Hospital Association will soon file a suit against  
20

21  
22 <sup>7</sup> A small but telling example occurred at the November 26, 2002 hearing on Premera's Motion for Partial  
23 Reconsideration. There were only two attorneys among the many applicant-interveners who spoke, counsel for  
Columbia Legal Services and counsel for the WSMA. Premera had four lawyers participate: its top two legal  
officers, as well as two senior partners from a prominent firm acting as its outside counsel.

1 Premera asserting a right against a portion of its assets should the corporation be dissolved and  
2 organized into a for-profit entity.

3 Two separate parties for the providers should not impede the proceedings. First, the  
4 provider parties would be far from unwieldy: the Community and Migrant Health Centers wish  
5 to join the consumer group, and the University of Washington School of Medicine has indicated  
6 it does not intend to conduct any discovery (other than reserving the right of rebuttal).

7 Second, and more importantly, the provider and consumer groups have demonstrated  
8 their ability to cooperate and coordinate their activities. For a full discussion, see Joint Reply to  
9 OIC Staff Response and Premera Opposition to Motions to Intervene.

10 The WSMA is committed to continuing to coordinate its efforts with all other parties  
11 granted Intervener status, to the maximum extent allowed by law and the rules of ethics.

12 Rather than offer constructive proposals, as the OIC Staff does, Premera says that the  
13 WSMA and others should be content to speak at public hearings, use the e-mail link on the OIC  
14 web site, and perhaps make comments at the conclusion of the adjudicative hearing. Premera  
15 Opposition Motion, p. 2, 47.

16 The Commissioner has held a series of four public meetings across the state about the  
17 conversion application, and plans to hold another round of such meetings after making his ruling.

18 It is the WSMA's belief that the Commissioner conducted these hearings, and developed  
19 the web site, not as a substitute for granting Intervener status to a party with a "significant  
20 interest", but rather as a commendable effort to keep the public informed about the conversion.

21 The limited scope of the public hearings is why Premera is so eager to confine the  
22 WSMA's role to appearances there. After all, each speaker is given only four minutes, with no  
23

1 right to examine or cross-examine Premera officials, who do not testify under oath and are under  
2 no obligation to provide company documents.

3 Premera has revealed, in its Response, and in much of its conduct in this matter, a  
4 resistance to meaningful scrutiny.

### 5 **VIII. CONCLUSION**

6 Near the end of its response, Premera states that “The interests of justice are better  
7 served” if the process were “free of interference by would-be interveners.” Premera Opposition  
8 Motion, p. 46.

9 Actually, only Premera’s interests would be better served if the process were free of such  
10 “interference.”

11 For the reasons set forth in this Reply, and the WSMA’s previous Motion to Intervene  
12 and Supplemental Motion, the Washington State Medical Association respectfully requests that  
13 the Insurance Commissioner grant it Intervener status, with full discovery rights, in the review of  
14 Premera’s attempt to convert to a for-profit corporation.

1 Dated this 19<sup>th</sup> day of December, 2002.

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3 Respectfully Submitted by:

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5  
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1 PROOF OF SERVICE

2 I certify that I served a copy of this document on all parties or their counsel of record on  
3 the date below as follows:

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7 I certify under penalty of perjury under the laws of the State of Washington that the  
8 foregoing is true and correct.

9 DATED this 19<sup>th</sup> day of December, 2002, at Seattle, WA.

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2 I certify that I served the original and twelve copies of this document on the Office of the  
3 Insurance Commissioner, by hand, on the date below:

4 I certify under penalty of perjury under the laws of the State of Washington that the  
5 foregoing is true and correct.

6 DATED this 19<sup>th</sup> day of December, 2002, at Seattle, WA.

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